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RE: Letter of Medical Necessity — Accessible and Operable Windows
Patient: Michael Alfred
Date of Birth: 10/24/1972

September 9,2026

To Whom It May Concern,

I am writing on behalf of my patient, Michael Alfred, whom I have treated for medical conditionsaffecting his mobility, upper-extremity function, and shoulder health.

Mr. Alfred has paraplegia (ICD-10 G82.20) and is wheelchair-dependent (Z99.3). He currently relies on a manual wheelchair for mobility and activities of daily living. He has also developed progressive shoulder pain associated with rotator cuff tendinopathy (ICD-10 M75.10), consistent with the repetitive and high-load shoulder mechanics associated with manual wheelchair propulsion and transfers in individuals with paraplegia.

His shoulder condition is of particular concern because continued excessive use of the upper extremities can further aggravate his symptoms and impair his ability to perform essential activities such as wheelchair propulsion, transfers, and other activities of daily living.

I understand that there are currently significant functional problems with the windows in Mr.
Alfred's residence. Specifically, I understand that:

- One window is currently nonfunctional and is being held in position with a piece of wood.
- A second window reportedly cannot be opened or closed and has been temporarily sealed with cardboard.
- The fire-escape window does not properly open and close.
- these windows require significant physical force to operate which is difficult to do from a seated position in a wheelchair
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Given Mr. Alfred's current shoulder condition and upper-extremity limitations, requiring him to exert substantial force to push, pull, lift, or otherwise manipulate these windows presents a significant physical concern. Such activity may aggravate his shoulder condition and increase pain and functional limitations.

It is medically important that Mr. Alfred be able to safely operate necessary windows within hishome without requiring excessive force or placing undue stress on his shoulders and upper extremities. This is particularly important for a wheelchair-dependent individual who must preserve his remaining upper-extremity function for essential mobility and transfers.
The inability to safely operate a required window also creates an additional concern regarding emergency egress, particularly with respect to the fire-escape window. Mr. Alfred should beable to access and operate an appropriate means of emergency exit without having to exert force that exceeds his physical capabilities.

Based on his current medical condition, I recommend that the windows be evaluated and repaired, replaced, or modified as medically appropriate so that they can be operated safely with minimal physical force. The appropriate mechanism should be determined based upon the

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actual condition of the windows and an assessment of the force required for operation. Where ordinary window hardware cannot provide sufficiently low-force operation for Mr. Alfred's functional limitations, a mechanically assisted or otherwise accessible opening mechanism may need to be considered.

This recommendation is particularly important in light of the progressive nature of Mr. Alfred's shoulder symptoms. His upper-extremity function is essential to maintaining his independence, performing transfers, operating his wheelchair, and completing activities of daily living. Avoidingunnecessary and excessive shoulder strain is therefore medically necessary. Mr. Alfred's medical condition has also become more difficult to manage due to his ongoing mobility demands and other medical limitations. He currently has an active, non-healing leg wound requiring ongoing wound care, which has limited treatment options for his shoulder condition. As noted in my prior letter, standard conservative treatment options, including certain physical therapy and/or corticosteroid interventions, may be limited while the wound remains active.

Given the persistence and progression of his shoulder symptoms, ongoing physical therapy and rehabilitation, injections, and advanced imaging are likely part of his long-term treatmentand management. If clinically appropriate, I would also recommend consideration of adjunctive non-pharmacological treatments such as therapeutic massage and/or acupressure to assist with pain management and shoulder function. These approaches may provide additional options for managing his symptoms and may help reduce reliance on escalating medication or repeated injections. It should be noted that if his shoulder symptoms worsen and he develops worsening rotator cuff tears and tendinopathy that his ability to propel his wheelchair or complete activities of daily living will suffer much more than the average person due to his disability and this would directly be the result of having to overuse his shoulder in the case of the windows not being fixed.

For these reasons, it is imperative that the necessary window accessibility issues be addressed promptly, rather than requiring Mr. Alfred to repeatedly exert excessive force through hisshoulders while waiting for the condition to be corrected.The goal of the accommodation should be to allow Mr. Alfred to safely and independentlyoperate the necessary windows while minimizing stress on his shoulders and preserving hisremaining upper-extremity function.
Please contact my office if additional medical information or clarification is required.

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